

INITIAL PHASE CHECKLIST		SPEC SECTION Enter Spec Section # Here	DATE Enter Date (DD/MMM/YY)
CONTRACT NO Enter Cnt# Here	DEFINABLE FEATURE OF WORK Enter DFOW Here	SCHEDULE ACT NO. Enter Sched Act ID Here	INDEX # Enter Index# Here
PERSONNEL PRESENT	GOVERNMENT REP NOTIFIED _____ HOURS IN ADVANCE: YES <input type="checkbox"/> NO <input type="checkbox"/>		
	NAME	POSITION	COMPANY/GOVERNMENT
PROCEDURE COMPLIANCE	IDENTIFY FULL COMPLIANCE WITH PROCEDURES IDENTIFIED AT PREPARATORY. COORDINATE PLANS, SPECIFICATIONS, AND SUBMITTALS.		
	COMMENTS: _____		
PRELIMINARY WORK	ENSURE PRELIMINARY WORK IS COMPLETE AND CORRECT. IF NOT, WHAT ACTION IS TAKEN?		
WORKMANSHIP	ESTABLISH LEVEL OF WORKMANSHIP.		
	WHERE IS WORK LOCATED? _____		
	IS SAMPLE PANEL REQUIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	WILL THE INITIAL WORK BE CONSIDERED AS A SAMPLE? YES <input type="checkbox"/> NO <input type="checkbox"/>		
(IF YES, MAINTAIN IN PRESENT CONDITION AS LONG AS POSSIBLE AND DESCRIBE LOCATION OF SAMPLE) _____			
RESOLUTION	RESOLVE ANY DIFFERENCES.		
	COMMENTS: _____		
CHECK SAFETY	REVIEW JOB CONDITIONS USING EM 385-1-1 AND JOB HAZARD ANALYSIS		
	COMMENTS: _____		
OTHER	OTHER ITEMS OR REMARKS		
<div style="display: flex; justify-content: space-between;"> QC MANAGER _____ DATE _____ </div>			